



APPLICATION FOR EMPLOYMENT



It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

We are a DRUG FREE work place.

People For People is an equal opportunity agency and provider of employment and training services. Auxiliary aids and services are available upon request to individuals with disabilities. TTY Number 711

Name: _____ Date: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone Number: (____) _____

Email Address: _____ Cell Phone Number: (____) _____

Are you over 18 years old: Yes No Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked for People For People before? Yes No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Part Time Full Time. Are you willing to work overtime? Yes No

Have you ever been convicted of a felony? Yes No If yes, describe conditions (Conviction will not necessarily disqualify an applicant for employment): _____

Are you willing to undergo a pre-employment drug screen? Yes No

Have you ever refused or tested positive on a drug and/or alcohol test? Yes No

If Yes, can you supply a copy for verification of a successful completion of a SAP referral, evaluation and treatment plan? Yes No

In the last 2 years have you violated any regulations under USDOT Drug and Alcohol Provision? Yes No

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School		XXXXXXXXXX	XXXXXXXXXX	
College/University				
College/University				

Other Training/Education: _____

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our agency?

POSITIONS APPLIED FOR

1. _____ 2. _____

Wage or Salary Desired? \$ _____ When Can You Start? _____

EMPLOYMENT HISTORY

Most Recent Employer: _____ Telephone: _____
Complete Address: _____
Date Started: _____ Starting Salary: \$ _____ Per _____ Position: _____
Date Left: _____ Ending Salary: \$ _____ Per _____ Position: _____
Name and Title of Supervisor: _____
Description of Duties: _____
Reason for Leaving: _____
May we contact Yes No

Previous Employer: _____ Telephone: _____
Complete Address: _____
Date Started: _____ Starting Salary: \$ _____ Per _____ Position: _____
Date Left: _____ Ending Salary: \$ _____ Per _____ Position: _____
Name and Title of Supervisor: _____
Description of Duties: _____
Reason for Leaving: _____
May we contact Yes No

Previous Employer: _____ Telephone: _____
Complete Address: _____
Date Started: _____ Starting Salary: \$ _____ Per _____ Position: _____
Date Left: _____ Ending Salary: \$ _____ Per _____ Position: _____
Name and Title of Supervisor: _____
Description of Duties: _____
Reason for Leaving: _____
May we contact Yes No

List three professional references that we may contact (not related to you). Please print clearly.

1. Name _____ Address _____ Nature of Relationship _____
City, State, Zip _____ Company Name _____ Phone # _____
2. Name _____ Address _____ Nature of Relationship _____
City, State, Zip _____ Company Name _____ Phone # _____
3. Name _____ Address _____ Nature of Relationship _____
City, State, Zip _____ Company Name _____ Phone # _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal and I authorize People For People to make an investigation of any of the facts set forth in this application.

I understand that employment at People For People is "at will", which means that the employment relationship may be terminated at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of People For People other than the Chief Executive Officer has any authority to alter the foregoing.

I further understand that if I am offered a position it is a conditional offer subject to my successfully passing a drug screen.

Applicant Signature: _____ Date: _____

People For People Voluntary Information Form

To assist People For People in our equal employment opportunity and affirmative action efforts, please complete this Voluntary Employee Information Form. Be assured that this information you will provide will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including affirmative action considerations and related government reporting and record keeping requirements. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

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Name: (Last, First, Middle)

Male Female

Yes No **Are you Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rico, South or Central American or other Spanish culture or origin regardless of race)

If you are NOT Hispanic or Latino, please select the category that best applies to you (check ONE box only)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or other Pacific Islander (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American including Central America, and who maintain tribal affiliation or Community attachment)

Two or More Races (A person who identifies with more than one of the above five races)

Please Check All That Apply to You:

Disabled Veterans are veterans who are entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or persons who were discharged or released from active duty because of service-connected disabilities.

Armed Forces Service Medal Veterans are veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Recently Separated Veterans are any veterans during the three-year period beginning on the date of such veterans' discharge or release from active duty.

Other Protected Veterans are veterans who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.